STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM See Instructions and Privacy STD 262 (REV. 10/92) CLAIMANT'S NAME 1 of Statement on Reverse Side Page SSAN OR EMPLOYEE NUMBER Karen Quarles Washington DC Office CB/ID NUMBER DIVISION OR BUREAU RESIDENCE ADDRESS HEADQUARTERS ADDRESS TELEPHONE NUMBER STATE 71P MEALS TRANSPORTATION LOCATION MONTH/YEAR CARFARE, BUSINESS TOTAL Mar-10 WHERE EXPENSES LODGING COST OF TOLLS, INCIDENTALS PRIVATE CAR USE EXPENSE EXPENSES DATE TIME WERE INCURRED BREAKFAST LUNCH TYPE USED DINNER TRANS. PARKING MILES AMOUNT FOR DAY 02-Mar Washington, DC 10.00 0.00 10.00 SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 10.00 0.00 0.00 COLUMN CODE (ACCTG. USE ONLY) \$10.00 **CLAIM TOTAL** PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) NORMAL WORK HOURS travel to and from meetings for the month of March PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED AGENCY ACCOUNTING OFFICE I HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of **USE ONLY** California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or PAID BY REVOLVING FUND CHECK NUMBER greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 3/29/10 SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES